FE5AN018

FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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2012 JUL 18 AM 8: 15

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, type er the lines.	FEC M 12FE4M5	AIL CENTER
DAVID HERIND	ANDEZ.	6RC	NIGRES	3 2012	
ADDRESS (number and street)	53/2 3	ELLIN	Than A	UE #	3
Check if different than previously reported. (ACC)	VALLEY	V111	ACE	CA 9	1607-
2. FEC IDENTIFICATION NUMBER ▼ CITY STATE ZIP CODE					
c 004986	3	. IS THIS REPORT	NEW (N) OR	AMENDE (A)	STATE V DISTRICT
4. TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the:					
1.80			Primary (12P)	General (12	PG) Runoff (12R)
April 15 Quarterly Report (Q1)			Convention (12C)	Special (12	S) .
July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)		Election on	: M M / D D	) / <b>Y Y Y</b>	in the State of
January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the:					
			General (30G)	Runoff (30F	R) Special (30S)
Termination Report (TER)		Election on	м м / о	/ Y Y Y Y	in the State of
5. Covering Period 05/17/2012 through 06/30/2012—					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer LISA HERNANDEZ					
Signature of Treasurer Date Date					
NOTE: Submission of false, erroneous, or incomplete information may subject the person significant to the penalties of 2 U.S.C. §437g.					
NOTE: Submission of false, erron	eous, or incomplete in	formation may	subject the person sign	nting this Report to the	e penalties of 2 U.S.C. §437g.
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